



DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PEPTIDE ANTAGONISTS OF VASCULAR ENDOTHELIAL GROWTH FACTOR

which is described and claimed in:

- ☐ the specification attached hereto.
- ☒ the specification in U.S. Application Number 09/579,420
Filed May 25, 2000; and
- ☐ the specification in PCT international application Number _____, filed on _____; and was amended on _____.

A handwritten signature in black ink, appearing to be "J. Peabody", written over the signature line of the second checkbox option.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign/PCT Applications and Any Priority Claims Under 35 U.S.C. §119:			
Application No.	Filing Date	Country	Priority Claimed Under 35 U.S.C. §119?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Prior U.S. Applications or PCT International Applications Designating the U.S.-B. benefit Under 35 U.S.C. §120				
U.S. Applications		Status (Check One)		
Application Serial No.	U.S. Filing Date	Patented	Pending	Abandoned
PCT Applications Designating the U.S.				
Application No.	Filing Date	U.S. Serial No. Assigned		
PCT/US98/26103	9 December 1998			

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. §119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Applicant	Provisional Application Number	Filing Date
	60/069,155	December 9, 1997
	60/069,687	December 12, 1997

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

David S. Resnick (Reg. No. 34,235)
Georgia Caton (Reg. No. 44,957)
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Edwin V. Merkel (Reg. No. 40,087)

Ronald I. Eisenstein (Reg. No. 30,628)
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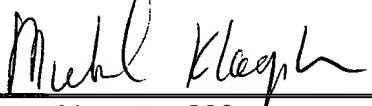
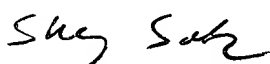
Michael L. Goldman (Reg. No. 30,727)
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SEND CORRESPONDENCE TO: David S. Resnick NIXON PEABODY LLP 101 Federal Street Boston, Massachusetts 02110	DIRECT TELEPHONE CALLS TO: David S. Resnick (617) 345-6057
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2 0 1	FULL NAME OF INVENTOR	LAST NAME Klagsbrun	FIRST NAME Michael	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Newton	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 22 Berwick Road	CITY Newton	STATE OR COUNTRY AND ZIP CODE MA 02158

2 0 2	FULL NAME OF INVENTOR	LAST NAME Soker	FIRST NAME Shay	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Brookline	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP ISRAEL
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 92 Beals Street	CITY Brookline	STATE OR COUNTRY AND ZIP CODE MA 02446

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor 201 	Date: 6/20/2000
Signature of Inventor 202 	Date: 6.26.2000



Applicant's Docket No. 701039/047875 C

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Klagsbrun, Michael; Soker, Shay

Application No.: 09/579,420

Filed on: May 25, 2000

Title: PEPTIDE ANTAGONISTS OF VASCULAR ENDOTHELIAL
GROWTH FACTOR.

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(b))--NONPROFIT ORGANIZATION**

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Nonprofit : Children's Medical Center Corporation
Address of Nonprofit : 300 Longwood Avenue
Boston, MA 02115

TYPE OF NONPROFIT ORGANIZATION

University or Other Institution of Higher Education.

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization, as defined in 37 CFR 1.9(e), for purposes of paying reduced fees to the United States Patent and Trademark Office under Sections 41(a) and (b) of Title 35, United States Code, with regard to the invention described in the specification filed herewith, with title as listed above.

I hereby state that rights under contract or law have been conveyed to, and remain with, the nonprofit organization, with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. 1.9(c), if that person made the invention, or by any concern that would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e)

Each such person, concern, or organization having any rights in the invention is listed below.

Children's Medical Center Corporation.



I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

William New
Vice President, Research Administration
Children's Hospital
300 Longwood Avenue
Boston, MA 02115

SIGNATURE

A handwritten signature in black ink, appearing to read "W. New", written over a horizontal line.

Date

A handwritten date "6/27/00" in black ink, written over a horizontal line.